

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031324

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

589

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ColumbiaLength of stay in 1b
2 1/2 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR University of Missouri
INSTITUTION Medical CenterInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayettec. CITY
OR
TOWN WellingtonInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route 1Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First MARTH A Middle O'DELL Last TAYLOR

4. DATE OF DEATH Month August Day 23, Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-12-1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Housewife11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Enyard O'Dell

13b. MOTHER'S MAIDEN NAME

Philip Ann Seigler

14. NAME OF HUSBAND OR WIFE

Lawrence Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Columbia, Address Mo.
University of Mo. Medical Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal failure

INTERVAL BETWEEN ONSET AND DEATH

2 Days

DUE TO (b)

Circulatory failure

2 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Dissecting abdominal aortic aneurysm

Unknown

Aneurism

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 21 Aug., 1963 to 23 Aug. 1963 and last saw her alive on 23 Aug. 1963
Death occurred at 5:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

University of Missouri
Medical Center, Columbia, Mo.

22c. DATE SIGNED

8/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

Aug. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Muddy Fork Cemetery

23d. LOCATION (City, town, or county)

Kearney, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Prichard Funeral Home, Excelsior Springs, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 23 1963

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OFVS 300
Rev. 4/59

10109

20548

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108163-447

AUG 30 1963

SEP 6 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.